## Retail Food Inspection Report

Floyd County Health Department Telephone (812) 948-4726

						_				
Establishment Name NEW ALBANY LITTLE LEAGUE							Telephone Number  Est 502-594-9101	Date of Inspection	ID#	
Address 4410 LEWIS A ENDRES PARKWAY, NEW ALBANY IN 4						Own	n 502-594-9101	04/19/2022		
Owner NEW ALBANY LITTLE LEAGUE							Purpose X Routine	Follow Up	Released 04/29/2022	
Owner's Address 205 CRESENT LOOP NEW ALBANY, IN 47150							Follow-up			
Person in Charge BUD SEIDENFADEN							ComplaintPre-Operational			
Responsible Person's Email BUD.SEIDENFADEN@YAHOO.COM							Temporary HACCP	Menu Type 1 2 _X 3 4 5		
Certified Food Handler HAROLD SEIDENFADER							Other (list)			
CRITICAL ITEMS ARE IDENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS MARKED "C" VIOLATION(S) REPEATED FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SUMMARY OF VIOLATIONS" AND IN THE NARRAIVE COLUMN MARKED AS "R"										
Section #	C	NC R Narrative						To Be Corrected		
256		Χ		Observed no probe thermometer. Probe thermometer should be used to 1 week						
324	verify BBQ is heated to 165F and being hot held at 135F or above.  X Observed 3 comp drain line to be dripping. Drip pan should be dumped							1 week		
416	after each event until repair can be made.  X Observed at least 3 dead insects behing bulk ice machine.							Today		
Summary of Viol	lations	(	-	0 NC	3 R 0					
Received by (name and title printed):							Inspected by (name and title printed): Thomas Snider CFS			
Received by (signature):							Inspected by (signature):			
cc:					ce:			cc:		